

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **1000 3036** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	2					
21	2					
22						
23						
24						
25						
26						
27						
28	1					
29	1					
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	64	←	↓	←	↓	←
TOTAL CLAIMS	70	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

BEST AVAILABLE COPY

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61	1					
62	1					
63						
64						
65						
66						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←	↓	←	↓	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS